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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	Hartford-3
First Named Inventor	Rojewski
COMPLETE IF KNOWN	
Application Number	09 / 676,391
Filing Date	9/29/00
Group Art Unit	2161
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN IMPROVED METHOD AND SYSTEM FOR IDENTIFYING SUBROGATION POTENTIAL AND VALUING A SUBROGATION FILE

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **09/676,391** as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or Inventor's certificate, or 365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or Inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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PTO/SB/01 (12-87)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)			
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name	Registration Number	Name	Registration Number		
Arthur L. Plevy Edward J. Howard Jonathan M. Darcy	24,277 42,670 44,054	Paul A. Schwartz Jane E. Alexander	37,577 36,014		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below					
Name	Arthur L. Plevy				
Address	Buchanan Ingersoll PC				
Address	650 College Road East				
City	Princeton	State	NJ	ZIP	08540
Country	USA	Telephone	609-987-6880		Fax 609-520-0360
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<input type="checkbox"/> Name of Sole or First Inventor: Given Name (first and middle if any)			<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Rojewski		
Inventor's Signature	<i>Marcia Rojewski</i>				Date 3/17/01
Residence: City	Windsor	State	CT	Country	USA
Post Office Address	105 Fieldstone Drive				
Post Office Address					
City	Windsor	State	CT	ZIP	06095
				Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					



Please type a plus sign (+) inside this box if you do not want to respond.

PTO/SB/02A (3-97)

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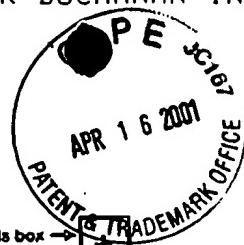
DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Don		Pierce					
Inventor's Signature							<u>3/28/01</u> Date
Residence: City	Enfield	State	CT	Country	USA	Citizenship	US
Post Office Address	24 Ellen Lane						
Post Office Address							
City	Enfield	State	CT	ZIP	06082	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Alan		Aleia					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
David		Jeffrey					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Don		Pierce				
Inventor's Signature						Date
Residence: City		State	Country		Citizenship	
Post Office Address						
Post Office Address						
City	State	ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Alan		Aleia				
Inventor's Signature						Date
Residence: City	Glastonbury	State	CT	Country	USA	Citizenship
Post Office Address	227 Belle Woods Drive					
Post Office Address						
City	Glastonbury	State	CT	ZIP	06033	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
David		Jeffrey				
Inventor's Signature						Date
Residence: City		State	Country		Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Don		Pierce				
Inventor's Signature					Date	
Residence: City		State	Country		Citizenship	
Post Office Address						
Post Office Address						
City		State	ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Alan		Aleia				
Inventor's Signature					Date	
Residence: City		State	Country		Citizenship	
Post Office Address						
Post Office Address						
City		State	ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
David		Jeffrey				
Inventor's Signature					Date	<u>3/9/01</u>
Residence: City	Cheshire	State	CT	Country	USA	Citizenship US
Post Office Address	28 Far Horizon Drive					
Post Office Address						
City	Cheshire	State	CT	ZIP	06410	Country USA

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Lisa		Rojewski					
Inventor's Signature							Date 3-18-01
Residence: City	Windsor	State	CT	Country	USA	Citizenship	US
Post Office Address	375 Phaeton Street						
Post Office Address							
City	Windsor	State	CT	ZIP	06095	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Kim		Rojewski					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Chun-Chen		Pai					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Lisa		Rojewski				
Inventor's Signature						Date
Residence: City	Westfield	State	MA	Country	USA	Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Kim		Rojewski				
Inventor's Signature						Date
Residence: City	Westfield	State	MA	Country	USA	Citizenship
Post Office Address	19 Lockhouse Road, Apt. 9-1					
Post Office Address						
City	Westfield	State	MA	ZIP	01085	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Chun-Chen		Pai				
Inventor's Signature						Date
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Lisa		Rojewski					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Kim		Rojewski					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Chun-Chen		Pai					
Inventor's Signature	<i>Chun-chen Pai</i>						Date 3/15/2001
Residence: City	Vernon	State	CT	Country	USA	Citizenship	US
Post Office Address	100 West Street, Apt. 514						
Post Office Address							
City	Vernon	State	CT	ZIP	06066	Country	USA

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